

216020668
99547

State of Nebraska
Investigator's Motor Vehicle Accident Report

Sheet 1 of 2

2	Total Number of Vehicles	Local No./ District 598	Agency Case No. B6-044566	HIT & RUN? <input type="radio"/> YES <input checked="" type="radio"/> NO	INVESTIGATION MADE AT SCENE? <input checked="" type="radio"/> YES <input type="radio"/> NO	L 1
A/1 01	DATE OF ACCIDENT	M M / D D / Y Y Y Y 05/21/2016		S M T W TH F S <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>		STATE USE ONLY 05/21/2016
A/2	PLACE OF ACCIDENT	COUNTY Lancaster	CITY Lincoln	TIME OF ACCIDENT 1712	POLICE NOTIFIED 1714	
B 73	ROAD ON WHICH ACCIDENT OCCURRED	STREET/ HIGHWAY NO. S. 27th--Franklin/Cable		PRIVATE PROPERTY? <input type="radio"/> YES <input checked="" type="radio"/> NO	ONE-WAY STREET? <input type="radio"/> YES <input checked="" type="radio"/> NO	
C 1	DISTANCE FROM MILEPOST	FEET	N S E W OF MILEPOST	HIGHWAY NO.	LONGITUDE	
D 1	IF AT INTERSECTION			IF NOT AT INTERSECTION		
NAME OF INTERSECTING ROADWAY			<input checked="" type="radio"/> FEET <input type="radio"/> MILES	N S E W	OF NEAREST STREET, BRIDGE, RAILROAD CROSSING	
			11.00	X	Franklin	
V1/M 16	IF ACCIDENT WAS OUTSIDE CITY LIMITS, INDICATE DISTANCE FROM NEAREST TOWN					
V2/M 01	MILES	N S E W	AND MILES	N S E W	OF NEAREST CITY OR TOWN	
E 2	R. WORK ZONE CODES	R1 R2 R3 R4	S. PEDESTRIAN CLASSIFICATION CODES	S1 S2 S3 S4 S5-a S5-b S6-a S6-b	DOES ACCIDENT INVOLVE DAMAGE TO STATE DEPT. OF ROADS' PROPERTY? <input type="radio"/> YES <input checked="" type="radio"/> NO	
VEHICLE NO. 1						
F 1	DRIVER LICENSE NO.	H13652360			STATE (Of License)	NE
V1/N 1	DRIVER	TYLER J NYE			PHONE	402-601-7720
V2/N 1	DRIVER ADDRESS	CITY, STATE, ZIP 5719 MORRILL AVE, LINCOLN, NE 68507			DATE OF BIRTH (MM / DD / YYYY)	03/18/1998
G 4	OWNER	TYLER J NYE			PHONE	402-601-7720
H 5	OWNER ADDRESS	CITY, STATE, ZIP 5719 Morrill Ave, Lincoln, NE 68507			CITATION <input checked="" type="radio"/> YES <input type="radio"/> PENDING <input type="radio"/> NO	CITATION NO. LB503993
V1/O 1	LICENSE PLATE	PA NO. UAD303	YEAR 1994	MAKE Ford	MODEL Mustang	BODY STYLE 2 door Sedan
V2/O 1	VEHICLE	1994	Ford	Mustang	2 door Sedan	blue
I 1	VEHICLE ID NO. (VIN)	1FALP4040RF186822			INSURANCE COMPANY	State Farm
J 01	TOWED TO	TOWED BY			POLICY NO.	27-7153-Z06
VEHICLE NO. 2						
I 1	DRIVER LICENSE NO.	H13681803			STATE (Of License)	NE
V1/P 1	DRIVER	RAFAEL MENDOZA			PHONE	402-440-8415
V2/P 1	DRIVER ADDRESS	CITY, STATE, ZIP 1911 SW 9TH ST, LINCOLN, NE 68522			DATE OF BIRTH (MM / DD / YYYY)	09/12/1997
J 01	OWNER	CARLOS R MENDOZA			PHONE	402-450-9886
K 01	OWNER ADDRESS	CITY, STATE, ZIP 1911 SW 9th, Lincoln, NE 68522			CITATION <input type="radio"/> PENDING <input checked="" type="radio"/> YES <input type="radio"/> NO	CITATION NO.
V1/Q 4	LICENSE PLATE	TE NO. TZN154	YEAR 2014	MAKE Ford	MODEL F150	BODY STYLE Pickup truck
V2/Q 4	VEHICLE	2014	Ford	F150	Pickup truck	blue
K 01	VEHICLE ID NO. (VIN)	1FTFW1EF8EFA29553			INSURANCE COMPANY	Farmers Ins.
L 01	TOWED TO	TOWED BY			POLICY NO.	193978956
Complete this section for all injured persons (Complete a continuation report, if more than three were injured)						
VEH. #	NAME	ADDRESS			DATE OF BIRTH (MM / DD / YYYY)	1 2 3 4 5 SEX Seat Position Eject Body Region Injury Sev. Trans. M F
	LOCAL NO.	MEDICAL FACILITY NAME			EMS SERVICE NAME	EMS RUN REPORT NO.
VEH. #	NAME	ADDRESS				
	LOCAL NO.	MEDICAL FACILITY NAME			EMS SERVICE NAME	EMS RUN REPORT NO.
VEH. #	NAME	ADDRESS				
	LOCAL NO.	MEDICAL FACILITY NAME			EMS SERVICE NAME	EMS RUN REPORT NO.

INDICATE BY DIAGRAM WHAT HAPPENED

Indicate North by Arrow

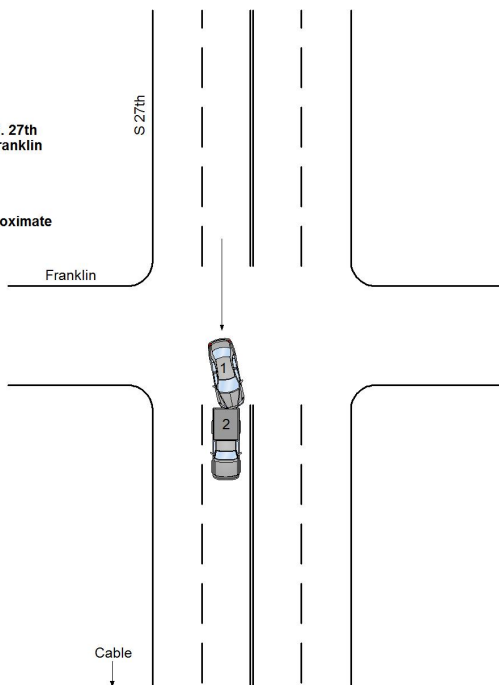


POL

27' W of E curb on S. 27th
11' S of S curb on Franklin

Street Width
S 27th--47'

**Measurements Approximate
Not To Scale**



Vehicles 1 and 2 were southbound on S. 27th in the area of the Franklin St. intersection. Both vehicle were in the inside (left) lane. Driver 1 described that while driving southbound he looked down at the gauges on his vehicle briefly because of overheating concerns. Driver 1 described that when he looked back up traffic in front of him had either nearly stopped or stopped. Driver 1 described that he tried to stop, but could not get stopped in time and collided with the vehicle in front of him. Driver 2 described that while traveling southbound, traffic in front of him stopped so he stopped as well. Driver 2 described that when he stopped he was hit from behind by vehicle 1.

PROPERTY	OBJECT DAMAGED	OWNER NAME	ADDRESS	PHONE	APPROX. COST OF DAMAGE \$
	OBJECT DAMAGED	OWNER NAME	ADDRESS	PHONE	APPROX. COST OF DAMAGE \$
WITNESSES	NAME			ADDRESS	PHONE
	NAME			ADDRESS	PHONE

VEHICLE MOVEMENT BEFORE COLLISION					POINT OF IMPACT AND MOST DAMAGED AREA <i>(Enter numbers for each vehicle)</i>				AIRBAG DEPLOYED VEHICLE 1		RESTRAINT USE VEHICLE 1		TOTAL OCCUPANTS		VEH 1	1	VEH 2	2					
VEH NO.	N	S	E	W	ROAD OR HIGHWAY NAME																		
1		X			S. 27th																		
2		X			S. 27th																		
1	01				06 Turning left				POINT OF IMPACT		02			POINT OF IMPACT		05							
2	11				08 Entering traffic lane				MOST DAMAGED AREA		02			MOST DAMAGED AREA		05							
01 Essentially straight ahead					09 Leaving traffic lane					00 None					02 03 04								
02 Backing					10 Parked					09 Top & windows					01 05								
03 Changing lanes					11 Slowing or stopped in traffic					10 Undercarriage					08 07 06								
04 Overtaking/ Passing					12 Other					11 Total (all areas)													
05 Turning right					13 Unknown					12 Other													
OFFICER NO.					TROOP/ TEAM/ BEAT					DEPARTMENT					PHOTOGRAPHS TAKEN?								
1549					5					Lincoln Police Department					<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO								
INVESTIGATOR NAME (Print or Type)										INVESTIGATOR SIGNATURE										DATE OF REPORT		05/21/2016	
Michael Wambold										Approved by Officer Michael Wambold													